



# HUMAN RESOURCES

*Illinois State University*

Pre-Hire

New Hire

## PERSONAL DATA SHEET

### Legal Name<sup>1</sup>

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Preferred First/Nickname<sup>2</sup> \_\_\_\_\_

Suffix \_\_\_\_\_

<sup>1</sup> Your name on our records must match the name on file with the Social Security Administration. If your name does not match the name on file with the Social Security Administration then the Social Security Administration may not credit your earnings to you and you may receive a reduced benefit. <sup>2</sup> You may prefer to be addressed by your nickname. Your preferred name will not be reflected on official University documents.

**Other/Former Name(s)** - Please list maiden and/or former names as they may have University records associated with them.

First \_\_\_\_\_ Last \_\_\_\_\_

**Date of Birth** \_\_\_/\_\_\_/\_\_\_\_\_

**Gender**  Female  Male

**SSN**<sup>3</sup> \_\_\_\_\_

**Marital Status**<sup>4</sup>  Married  Single

<sup>3</sup>The Social Security Number is requested as it is the most effective way to uniquely identify you for the purpose of accurately processing and maintaining your employment records. This number will be translated into a university identification number (UID). Unless required by law (e.g., IRS) or by the State and local agencies (e.g., State University Retirement System) use of the SSN is restricted to internal University maintenance of your employment records.

<sup>4</sup>Marital Status is requested to comply with our CMS Benefit Services provider to ensure that systems of record are in sync and accurate to the best of our knowledge and ability.

**Home Address** (address used for the campus phone book, ISU mailings, CMS Insurance mailings, and the State Universities Retirement System)

US.  International

Street/P.O. \_\_\_\_\_

Apt \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Country (if other than US) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Preferred

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Preferred

Other Phone (\_\_\_\_\_) \_\_\_\_\_ Preferred

### Emergency Contact Information

Name \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_

### Address & Phone Restrictions

Indicate the level of restriction you desire. Unless restricted, home phone number and address will be in the ISU Online Telephone Directory, available to the ISU Operator, and for use with many other ISU databases on campus. If a restriction is selected, your department and supervisor will still retain access to this information for business and emergency purposes.

Restrict Home Phone Number & Address

**Citizenship:**  US  Permanent Resident  Non-Immigrant

**Country** (for Permanent Resident or Non-Immigrant only) \_\_\_\_\_

**VISA Type:**  H1  H2  F1  J1  TN  Other Visa (please specify) \_\_\_\_\_

### Department Use Only

**Start Date:** \_\_\_/\_\_\_/\_\_\_\_\_

**Appointment Type:** \_\_\_\_\_

**Employing Dept:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

### Department Use Only

#### Business Address

**Campus Box:** \_\_\_\_\_

**Dept. Name:** \_\_\_\_\_

**Building Code:** \_\_\_\_\_

**Office Number:** \_\_\_\_\_

### Education History

List in chronological order, the most recent first, including degrees expected and dates. Please use additional sheet if necessary.

Degree Type (i.e. BA, MS) \_\_\_\_\_ Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Month/Year Conferred \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Month/Year Conferred \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Month/Year Conferred \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

High School Diploma/GED year \_\_\_\_\_ -OR- Grade School Certificate year \_\_\_\_\_

### Illinois State University Graduates Only

If required for the position, I authorize Human Resources to obtain a copy of my transcript from the Office of the University Registrar to complete my personnel file. (This will serve as an official transcript.)  Yes  No

### Retirement and Benefits Information

1. Have you previously contributed to the State Universities Retirement System (SURS)?  Yes  No  
If yes, please check which plan you were enrolled in:  
\_\_\_\_\_ Traditional \_\_\_\_\_ Self-Managed \_\_\_\_\_ Portable
2. Are you an annuitant (retired and receiving benefits) of the State Universities Retirement System (SURS)?  Yes  No
3. Are you retired from another retirement system with the State of Illinois (e.g., TRS)?  Yes  No
4. Will you be transferring unpaid sick leave, from another State Agency?  Yes  No
5. Will you be requesting Illinois State University service time or any other State of Illinois service time in calculating your current rate of vacation?  Yes  No
6. Are you currently enrolled as a dependent on a State of Illinois employee's health plan through Central Management Services (CMS)?  Yes  No

### Illinois Educational Loan Default Act 5 ILCS 385

The Illinois Educational Loan Default Act 5 ILCS 385 requires that applicants for employment certify whether or not they are in default of an educational loan. An employee who is in default on the repayment of an educational loan for a period of six months or more and in an amount of \$600 or more shall make a satisfactory loan repayment arrangement with the maker or guarantor of the loan within six months. The employee has the opportunity to establish a repayment plan through payroll deduction. The University must receive a written certification from the maker or guarantor to confirm the establishment of a satisfactory repayment arrangement prior to the completion of the sixth month of employment, otherwise the University must terminate the individual's employment.

Please check one of the following:

I ( \_\_\_\_\_ am) ( \_\_\_\_\_ am not) in default of any such loan.

Signature \_\_\_\_\_ Date \_\_\_\_\_